DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 445272 | A. BUILDING _____ B. WING _____ | 02/01/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MABRY HEALTH CARE | 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562 |

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| F 000 | INITIAL COMMENTS<br><br>A recertification survey and complaint investigation #40502 were completed on 1/31/17-2/1/17 at Mabry Health Care. No deficiencies were cited related to the complaint investigation. Deficiencies were cited related to the recertification survey under 42 CFR Part 483 Requirements for Long Term Care Facilities. | F 000 | | |
| F 159 SS=C | 483.10(f)(10)(i)-(iv) FACILITY MANAGEMENT OF PERSONAL FUNDS<br><br>(f)(10)(i) ...If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section.<br><br>(f)(10)(ii) Deposit of Funds.<br>(A) In general: Except as set out in paragraph (f)(l0)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund.<br><br>(B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits | F 159 | **F 159 483.10(f) (10) (i) – (iv) Facility Management of Personal Funds**<br><br>1) Upon being made aware by surveyor on 1/30/2017 that the resident & /or POA had not being provided quarterly statements , the HR Director begin working on sending out Personal Fund Statement to all residents and those residents with POA . On 2/16/2017 the Personal Fund Statement ending 12/30/2016, was provided to all residents and those residents who had a responsible party named by the HR Director.<br><br>On 1/31/2017 the DON reviewed the current Personal Fund policy with Human Resource Director concerning mailing Personal Fund Statement to residents and/or responsible party. | 3/15/2017 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kristi Johnstone | TITLE: Admin | (X6) DATE: 3/23/17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 159 | Continued From page 1<br>all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account, interest-bearing account, or petty cash fund.<br><br>(f)(10)(iii) Accounting and records.<br>(A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.<br><br>(B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.<br><br>(C)The individual financial record must be available to the resident through quarterly statements and upon request.<br><br>(f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits-<br>(A) When the amount in the resident's account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and<br><br>(B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.<br>This REQUIREMENT is not met as evidenced by:<br>Based on review of Resident trust fund (personal | F 159 | Continue F 159<br><br>On 1/31/2017 the Human Resource Director reviewed and revised the current Policies – Management of Resident Personal Funds and Deposit of Resident Funds with the regulatory requirements to ensure facility policy were current.<br>(Attachment)<br><br>2) On 2/3/2017 the DON reviewed the revised Policies with Business Office staff to ensure no other incidents of not mailing Resident Personal Fund Statements;<br><br>3) Effective 3/15/2017 the DON and Interim Administrator will monitor the mailing of Resident Personal Funds each quarter. This will continue until substantial compliance is achieved or the QAPI Committee reduces monitoring.<br><br>4) Beginning 3/1/2017, the DON will report quarterly to the QAPI Committee concerning the monitoring outcomes of Resident Personal Fund Statements mailed timely to residents or responsible parties. The Interim Administrator will report to the governing Body concerning these monitoring outcomes on a quarterly basis. | |

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| F 159 | Continued From page 2<br>fund) account records and interview, the facility failed to provide quarterly Resident personal fund statements for 52 residents of 52 residents or their legal representative with personal funds accounts for the 10/2016 through 12/2016 quarter.<br><br>The findings included:<br><br>Review of the quarterly Personal Funds accounts statements dated 10/2016-12/2016 revealed 52 residents had a Personal Funds account with the facility. Continued review revealed the quarterly statements accounted for the residents' Personal Funds account money. Further review revealed Resident #13 was one of the 52 residents who had a Personal Funds account with the facility.<br><br>Telephone interview with Resident #13's legal representative on 1/30/17 at 3:48 PM revealed he had never received a quarterly statement for the Resident's Personal Funds account.<br><br>Interview with the Director of Human Resources (DHR) on 2/1/17 at 9:05 AM in the front office revealed the facility had only supplied personal funds statements upon request. Further interview with the DHR confirmed the facility failed to provide residents or their legal representative with quarterly Personal Funds account statements. | F 159 | | |
| F 253 SS=E | 483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES<br><br>(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;<br>This REQUIREMENT is not met as evidenced by: | F 253 | **F 253 483.10 (I) (2) HOUSEKEEPING & MAINTENANCE SERVICES**<br>1) Upon being made aware by survey staff on 2/1/2017of the areas that needed to be cleaned or repaired, the housekeeping supervisor and Maintenance manager began a structured plan to address all items identified by surveyor. | 4/3/2017 |

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| F 253 | Continued From page 3<br>Based on facility policy review, observation, and interview, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary and orderly interior for 33 of 63 resident rooms, 4 of 8 shower rooms,1 of 2 dining rooms, and 2 of 5 hallways.<br><br>The findings included:<br><br>Review of facility policy, Housekeeping Daily Cleansing and routine care of rooms and social areas, undated revealed, "...PURPOSE: To achieve a clean environment to help prevent the spread of microorganisms...OPERATIONAL DIRECTIVES: Routine cleaning of environmental surfaces and non-critical patient care items should be performed according to a predetermined schedule...Surfaces that are frequently touched by the hands of health care providers and residents, such as nurse call systems, surfaces of medical equipment and knobs for adjustment or opening require frequent cleaning..."<br><br>Review of facility policy, Maintenance Department Policy and Procedures, undated revealed, "...Direct and coordinate the operations and activities of the facility maintenance, including but not limited to:...buildings and grounds maintenance...environmental compliance...Maintenance manager will assure that all request for repairs are reviewed and completed repair in a timely manner. Staff will complete a request for repair sheet that is located at each nurses station...Maintenance staff will review and repair request...This includes resident rooms, social areas, any restroom, spas...Repairing of facility structures...Flooring repairs..." | F 253 | Continue F 253<br>1. D – Hall will be closed and our certified beds will be relocated to E and C hall area. D – Hall and D – Hall dining area will be closed and off limites to residents and public until major construction has been totally completed and facility repairs are up to Life Safety Standard codes.<br>2/6/17 Maintenance staff has began repairing and cleaning any areas of concern related to baseboards, floor tiles, yellow/tan debris around faucet/handles, scuff marks on lower walls and torn sheetrock in areas of A/B/C/E to be in compliance with our current plan.<br>2. Shower Room, A Hall - Heater beside the shower was rusty with a hole near the base of the heater nearest the shower, toilet seat with blackmarks, paint peeling on the ceiling and door frame was rusted. **Heater cover was replaced, toilet seat replaced, ceiling was repaired and painted and door frame was resurfaced and painted.**<br>3. Shower Room B Hall – Black marks on the toilet, paint peeling on the ceiling, paint peeling on the door and door frame is rusted. **Toilet seat was replaced, repaired and painted the ceiling, resurfaced and painted the door frame.**<br>4. Shower Room, C Hall – loose toilet seat, black marks on the toilet, missing tile near the tub. **Replaced the toilet& toilet seat, and replaced tile around the tub.**<br>5. Hallway C near the A/B/C nurses station. **Covered and refinished wallpaper.** | |

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| F 253 | Continued From page 4<br><br>Observations by the survey team from 1/30/17 to 2/1/17 included the following:<br>1. Baseboards discolored yellow/brown in 18 resident rooms.<br>2. Floor tile loosened in 4 resident rooms.<br>3. Yellow/tan debris around faucet and handle bases in 13 resident restrooms.<br>4. Scuff marks on lower walls in 28 resident rooms.<br>5. Torn sheetrock in 7 resident rooms.<br>6. Shower Room, A Hall - Heater beside the shower was rusty with a hole near the base of the heater nearest the shower; toilet seat with black marks; paint peeling on the ceiling.<br>7. Shower Room, B Hall - Black marks on the toilet, paint peeling on the ceiling, paint peeling on the door and door frame was rusted.<br>8. Shower Room, C Hall - loose toilet seat, black marks on the toilet; missing tile near the tub.<br>9. Shower Room, D Hall - rusted cabinet and shelves containing supplies for residents.<br>10. Hallway C near the A/B/C nurses station - torn and peeling wallpaper.<br>11. Hallway C near the D Nurses Station extending from the front of the D Nurses Station to room D6 - floor tiles were chipped and curling at the corners and edges.<br>12. Dining Room D - torn sheetrock with tears and unpainted patched hole near the entrance door from D hall, baseboards with yellow/brown discoloration with debris.<br><br>Interview on 2/1/17 at 11:30 AM, with the Maintenance Supervisor and the Housekeeping Supervisor in the hall near the A/B/C nurses station confirmed all of the noted environmental observations. The Maintenance Supervisor and the Housekeeping Supervisor confirmed the | F 253 | Continue F 253<br>1) On 2/22/2017 the Administrator sent a letter to Department of Health to transfer the Beds on D - Hall to the C & E nursing units that was delicensed previously. This will become effective April 1, 2017. Attachment; Letters to Department<br><br>2) On 2/3/2017the Housekeeping and maintenance staff were in-serviced by the ADON concerning maintaining patient rooms, shower rooms and hallway in a clean and sanitary condition and repairing those base board or walls that need repairs. Any staff not attending the in-service will not be allowed to work until they have attended an in-service conducted by the ADON/or designee.<br>Beginning 2/18/2017 the maintenance manager hired an outside contractor to assist with the repairs needed for A/B/C/E to continue with keeping the facility in compliance to assure rooms, hallways and shower rooms are clean and in good repair.<br><br>3) On 2/4/2017 the ADON and Maintenance Manager conducted an inspection of the amount of work to be completed and prioritized the worst area needing repair beginning with resident care areas first. Other resident rooms were checked for needed repairs and put on the list for cleaning and needed paint. | |

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| F 253 | Continued From page 5<br>facility had failed to maintain a sanitary and orderly interior. | F 253 | Continue F 253<br>4) Beginning 3/1/2017Maintenance Director will monitor resident rooms and hallway A/B/C/E monthly for needed repairs and housekeeping will request any needed repairs identified while cleaning and when they find any broken or equipment not working. Any non-compliance will be reported to the Administrator immediately. On 2/25/2017 the ADON developed a monitoring tool to aid the maintenance staff when checking resident rooms monthly for needed repairs. Attachment: Room Monitoring<br><br>5 ) Beginning 3/1/2017 the Maintenance Manager will report the monitoring outcomes at the quarterly QAPI Committee meetings. The Administrator will report monitoring outcomes at the quarterly Governing Body meeting. | |
| F 254 SS=C | 483.10(i)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION<br><br>(i)(3) Clean bed and bath linens that are in good condition;<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to maintain bed and bath linens in good condition for resident use.<br><br>The findings included:<br><br>Observation on 1/30/17 at 11:07 AM on the B Hall, Room 9, restroom revealed a frayed washcloth with holes hanging on the towel bar.<br><br>Observation on 1/30/17 at 11:53 AM on the C Hall, Room 7, revealed a blanket on the bed in use by the resident with torn, frayed edges along two sides.<br><br>Observation on 1/30/17 at 3:38 PM on the D Hall, Room 11B, revealed a blanket on the bed in use by the resident with frayed edges on the hem of the blanket.<br><br>Observation on 1/30/17 at 4:12 PM on the B Hall, Room 8 restroom revealed a towel with holes hanging on the towel bar.<br><br>Observations on 1/31/17 beginning at 8:53 AM revealed the D Hall linen cart contained frayed, torn towels. A second linen cart on D hall located by the shower room contained 1 blanket with frayed, torn edges and towels with frayed edges. | F 254 | **F 254 483.10 (i) (3) CLEAN BED/BATH LINENS IN GOOD CONDITION**<br><br>1) Upon being made aware by survey staff on 2/1/2017 of the poor condition of bed linens, towel, washcloths and blankets the housekeeping supervisor immediately replaced the frayed washcloths with holes Rm 9 of B Hall, replaced the blankets on the residents bed in Rm 7 of C Hall and Rm 11B on D Hall, replaced the towel in Rm 8 of B Hall and removed the frayed torn towels and blanket from the linen cart on Hall D | 3/1/2017 |

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| F 254 | Continued From page 6<br>The B Hall linen cart contained thin wash cloths and thin towels.<br><br>Observations on 2/1/17 beginning at 10:45 AM while conducting a walk through tour of the facility with the Housekeeping Supervisor and the Maintenance Supervisor to observe surveyor team concerns revealed: 1.Hall B, Room 9, towel hanging on towel rack that was worn thin with frayed edges and holes; 2.Linen Cart on B hall with washcloths, towels, and blankets that were worn thin and frayed; 3.Linen Cart on D hall with washcloths and towels that were worn thin and frayed.<br><br>Interview with the Housekeeping Supervisor on 2/1/17 at 11:30 AM near the A/B nurses station confirmed the facility had failed to maintain bed and bath linens in good condition and available for resident use. | F 254 | Continue F 254<br>2) On 2/16/2017 the Housekeeping and Laundry staff examined and removed all linens in the facility that had frayed edges or was thin or had holes. Findings of frayed or thin linens included 4 washcloths with holes, 3 blankets and, 8 towel that were thin and need discarding.<br>On 2/26/2017 the DON and Laundry Supervisor conducted a mandatory in=service for all laundry staff concerning discarding linens in poor condition when they are washing or folding the linens.<br>3) Beginning 2/15/2017 Laundry Supervisor and Interim Administrator will monitor resident rooms and linen carts weekly for needed linens in poor conditions. Any staff who fail to comply with the points of the in-service concerning discarding poor linens will be further educated and/or progressively disciplined as indicated.<br>4) Beginning 3/1/2017 the Maintenance Manager will report the monitoring outcomes of the linens at the quarterly QAPI Committee meetings. The Administrator will report monitoring outcomes at the quarterly Governing Body meeting. | |
| F 371 SS=F | 483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br><br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br><br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br><br>(iii) This provision does not preclude residents from consuming foods not procured by the facility. | F 371 | **F 371 483.35(i)Food Procure, Store/Prepare/Serve-Sanitary**<br><br>1) On 1/30/2017 the Dietary Manager and staff cleaned all items that needed to be cleaned before using any of the items. | 3/1/2017 |

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| F 371 | Continued From page 7<br><br>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br><br>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.<br>This REQUIREMENT is not met as evidenced by:<br>Based on policy review, observation, and interview, the facility failed to maintain food preparation equipment in a clean and sanitary manner for 4 of 9 steam table pans, 1 of 1 can opener, 2 of 2 deep fryer baskets, and 1 of 2 ice machines; failed to date stored food that had been opened; and failed to wear a hair restraint while serving food on the tray line.<br><br>The findings included:<br><br>Review of facility policy Sanitation and Safety Procedure, undated revealed, "...The dietary manager ultimately is responsible for the supervision of all sanitation and housekeeping procedures to maintain an environment that is safe for the storage, preparation, and service of food. Federal and state guidelines are followed...All dishes, pots and pans...are properly cleaned and sanitized and are handled by methods that are compatible with the long term care regulations..."<br><br>Review of facility policy Administration and Personnel Procedure, undated revealed, "...Hair cover, covering all hair, must be worn at all times by employees...The dietary department must be kept clean and sanitary at all times..." | F 371 | Continue F 371<br>On 1/30/2017 the items in the walk –in refrigerator not dated and the dry food containers were discarded 1/30/2017 while the surveyor was present.<br>On 2/16/2017 the Dietary Manager conducted anin-service for all dietary staff on the following policies-Sanitation and Safety, and Food Storage emphasizing dating items in walk-in refrigerator, proper cleaning of ice machine, pots and pans, proper cleaning of deep fryer baskets, proper cleaning of can opener, labeling of dry food containers and wearing hair nets while in kitchen. Any staff not attending the in-service will not be allowed to work until they have attended an in-service conducted by the Dietary Manager/or designee.<br>Any staff who fails to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated.<br>On 2/16/2017 Dietary Manager checked all refrigerators on other nursing units for proper dates. There were no expired supplements or undated nourishments found.<br>On 2/16/2017 the Administrator approved the purchase of two 2½ quart size steam table pans and two 4½ quart size steam table pans that were not able to be cleaned. | |

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| F 371 | Continued From page 8<br><br>Observation on 1/30/17 at 9:17 AM, in the dietary department walk-in refrigerator with the Dietary Manager (DM) present revealed one ten pound bag of sliced pepperoni, approximately 25% used, was not dated. Further observation revealed one five pound bag of cooked Italian sausage, approximately 50% used, was not dated.<br><br>Interview with the DM on 1/30/17 at 9:18 AM, in the dietary department walk-in refrigerator confirmed the facility failed to date the open bags of pepperoni and Italian sausage.<br><br>Observation on 1/30/17 at 1:35 PM, in the dietary department with the DM present, revealed the ice machine with dried debris on the exterior of the sliding cover and on the interior sliding tracks. Further observation revealed dried debris on two of five, 2 ½ quart steam table pans and on two of four, 4 ½ quart steam table pans on the clean storage rack and ready for use. Continued observation revealed the can opener attached to the table with dried tan sticky debris on the blade and on the slot. Further observation revealed dried debris on 2 of 2 deep fryer baskets sitting on top of the deep fryer ready for use.<br><br>Interview with the DM on 1/30/17 at 1:50 PM, in the dietary department office, confirmed the facility failed to maintain the food preparation equipment in a clean and sanitary manner.<br><br>Observation on 1/31/17 at 6:40 AM, in the dietary department, revealed the DM was serving food from the steam table and was not wearing a hair restraint. Continued observation revealed the DM continued filling breakfast trays until completion of | F 371 | Continue F 371<br>3) Beginning 3/1/2017 the Dietary Manager found a checklist to use to check staff's compliance with cleaning and dating policies The Dietary Manager will use the checklist to monitor weekly for compliance with policies. This monitoring will continue for 90 days or until substantial compliance is achieved. See Attachment.<br>4) Beginning 3/1/2017 the Dietary Manager will report on the outcomes of the monitoring of cleaning and dating of food to the quarterly QAPI committee meeting. Administrator will report to governing board on the outcomes of monitoring. | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 371 | Continued From page 9<br>all trays at 7:10 AM.<br><br>Interview with the DM on 1/31/17 at 7:12 AM, in the dietary department, confirmed she had failed to wear a hair restraint while serving breakfast trays and stated "I forgot."<br><br>Observation on 1/31/17 at 9:06 AM, with Licensed Practical Nurse (LPN) #6 in the front nourishment room that served A,B,C halls, revealed 4 different types of cereal in 4 separate plastic containers that were not dated.<br><br>Observation on 1/31/17 at 9:10 AM, in the dietary department with the DM present, revealed 4 different types of cereal in 4 separate plastic containers that were not dated.<br><br>Interview with the DM on 1/31/17 at 9:12 AM, in the dietary department, confirmed the facility failed to date the cereal containers in the front nourishment room and in the dietary department. | F 371 | | |
| F 372 SS=D | 483.60(i)(4) DISPOSE GARBAGE & REFUSE PROPERLY<br><br>(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by:<br>Based on policy review, observation, and interview, the facility failed to maintain the dumpster in a sanitary condition, easily cleanable, covered and water tight.<br><br>The findings included:<br><br>Review of facility policy, Sanitation and Safety Procedure, undated revealed, "...Garbage and waste are disposed of promptly and properly..." | F 372 | **F 372 483.60 (i)(4) DISPOSE GARBAGE & REFUSE PROPERLY**<br><br>1) On 1/30/2017 the Dietary Manager and staff cleaned all items around the dumpster.<br>On 2/16/2017 the Dietary Manager conducted an in-service for all dietary staff on the proper placement of trash in the dumpster. Any staff not attending the in-service will not be allowed to work until they have attended an in-service conducted by the Dietary Manager/or designee.<br>Any staff who fails to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. | 3/4/2017 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 445272 | A. BUILDING _____ B. WING _____ | 02/01/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MABRY HEALTH CARE | 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 372 | Continued From page 10<br><br>Observation on 1/30/17 at 1:55 PM, at the outside dumpster behind the dietary department with the Dietary Manager (DM) present, revealed a white to tan colored liquid leaking from the dumpster and pooled on the pavement around the dumpster. Continued observation revealed five large cardboard boxes had been flattened and were lying on the pavement around the dumpster. Further observation of the dumpster revealed the dumpster was rusted with scattered holes on the exterior perimeter. Continued observation revealed the dumpster had a two part lid, the lid was missing on one side of the dumpster and the other side was broken.<br><br>Interview with the DM on 1/30/17 at 1:57 PM at the outside dumpster confirmed the facility had failed to maintain the dumpster in a sanitary condition, covered, and water tight. | F 372 | Continue F 372<br>On 2/17/2017 the Administrator approved the purchase of a workable dumpster that is in good repair to replace the old one. This dumpster was delivered on 3/3/2017.<br>3) Beginning 3/4/2017 the Maintenance Director will monitor the dumpster monthly for 6 months for proper disposal of trash and the lid closed. See Attachment - Picture<br>4) Beginning 3/1/2017 the Maintenance Director will report on the outcomes of the monitoring of dumpster to the quarterly QAPI committee meeting. Administrator will report to governing board on the outcomes of monitoring. | |